

REPORT OF
(Check one)

☐ DISSOLUTION OF MARRIAGE
☐ ANNULMENT OF MARRIAGE

FLORIDA

COUNTY		DATE OF FINAL JUDGMENT	
1		2	
DOCKET	VOL.	PAGE	DATE FILED AND RECORDED
3			4
HUSBAND	HUSBAND—NAME First Middle Last		
	5		
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
	6a	6b	6c
	STREET AND NUMBER		
	6d		
WIFE	WIFE—NAME First Middle Last		MAIDEN NAME
	7a		7b
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION
	8a	8b	8c
	STREET AND NUMBER		
	8d		
PLACE OF THIS MARRIAGE—COUNTY		STATE (If not in U.S.A., name country)	DATE OF THIS MARRIAGE (Month, Day, Year)
9a		9b	9c
LIVING CHILDREN—TOTAL NUMBER		UNDER 18 YEARS OF AGE	PETITIONER Husband, Wife, Other (Specify)
10a		10b	11
ATTORNEY FOR PETITIONER—NAME		ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
12a		12b	
CLERK OF CIRCUIT COURT		BY	
13			

DH 513, 10/96 (Replaces HRS Form 513, which may be used)

State of Florida
Department of Health
Vital Statistics